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ABSTRACT

Pertinent literature on supervision was cursorily reviewed to provide a backdrop for this study, which extends the work of Payne and Gralinski. Technique-oriented supervision was compared with counseling-oriented supervision, with the employment of additional experimental and control groups. 54 male and 54 female undergraduates in Introductory Psychology were divided into six groups, four of which received presupervision audiomodeling on the meaning of empathy. The subjects were then assigned a supervisor and "trained" with one of three supervisory methods: (1) technique-type; (2) counseling-type; and (3) placebo-type. A full description of the method is presented. The study concludes that technique-oriented supervision is superior to the counseling-type on the criterion of empathy. Significant learning effects from the presupervision audiomodeling were also found. (TL)

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EFFECTS OF SUPERVISOR STYLE UPON THE LEARNING OF EMPATHY IN A SUPERVISION ANALOGUE

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Abstract

Effects of supervisor style (techniques, counseling, and placebo types) and the presupervision conditions of audio modeling vs. no modeling were examined in a supervision analogue. Six groups of 18 subjects heard 3 sets of recorded client statements and responded as counselors. Supervised groups had two 15-minute conferences with supervisors between sets 1 and 2 and between sets 2 and 3. Control groups rereived no supervision. Among supervised groups, only those counselors receiving the techniques type supervision showed significant improvement in rated level of empathy. Significant learning effects from the presupervision use of audio modeling were also found.

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EFFECTS OF SUPERVISOR STYLE UPON THE LEARNING OF EMPATHY IN A SUPERVISION ANALOGUE[1]

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Evidence of a positive relationship between therapist characteristics (such as empathy, positive regard, and congruence) and various indices of client improvement (Truax & Carkhuff, 1967; Carkhuff & Berenson, 1967) has led to systematic efforts to teach such therapeutic characteristics to trainees. Appreciable improvement in therapeutic conditions offered have been reported for relatively brief training efforts representing a variety of trainee levels of sophistication, training tasks, and instructional methods (Fosmire & Palmer, 1964; Ivey, Normington, Miller, Morrill & Hasse, 1968; Miller, 1969; Pierce & Drasgow, 1969; Reddy, 1969; Truax & Carkhuff, 1967). Trainees have ranged from severely disturbed mental patients to introductory psychology students, dormitory counselors, and graduate students, while training tasks have included brief interviews with agency clients as well as counseling analogues with actors playing the role of the client, and audio and video presentation of "client" statements to which the trainee responds. Instructional methods have included group sensitivity training, the hearing and observing of counselor models, and live and recorded communications from a supervisor. Most of these studies have represented a combination of training procedures and

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although some comparisons are made with control groups, such research has not ordinarily assessed the relative effectiveness of different approaches to supervision or training. Since much training time traditionally involves individual supervision, it would seem to be particularly useful to know more about the effects of individual supervision and in particular, the effects of different types or styles of supervision.

In their review of the literature on supervision, Truax, Carkhuff, and Douds, (1964) classify major approaches as either didactic or experiential. Didactic supervisors, (e.g., Krasner, 1962; & Krumboltz, 1967) see their job as that of providing feedback and reinforcement in order to shape the behaviors a counselor needs for successful work. Experiential supervisors, (e.g., Ekstein & Wallerstein, 1958; Rogers, 1957, Patterson, 1964), on the other hand, see the didactic approach as mechanistic and impersonal, and emphasize the trainee's need for security and the opportunity to learn from his own experience. In an effort to test the effects of these two basic approaches, Payne & Gralinski (1968) compared a techniques oriented supervision (didactic) with a counseling oriented supervision (experiential) in a supervision analogue on the criterion of empathy. In that study Ss receiving the techniques type supervision showed significant improvement, whereas Ss receiving the counseling type supervision declined in level of empathy.

It was the purpose of the present study to provide an extension of the Payne & Gralinski (1968) work again comparing techniques,

counseling, and control groups on empathy learning in a supervision analogue. In the effort to make a more thorough test of treatment effects, supervisors with more experience were utilized, and the number of counseling and supervisory sessions per S were increased.

Additional experimental and control groups were also employed. The additional experimental group was suggested from the area of psychotherapy research. A number of investigators (DiMascio & Brooks, 1961; Frank, 1961; Paul, 1967; Rosenthal & Frank, 1958; Shapiro, 1959) caution that the client may be influenced by suggestion, attention, etc., and emphasize the need for placebo as well as control groups in evaluating treatment outcomes. Against the possibility that such placebo effects influence trainee behavior, a placebo type supervision was offered in which supervisors followed neither the counseling nor techniques approaches, but rather gave brief lectures on the psychodynamics of the simulated client.

The other factor considered as possibly influencing counselor behavior was suggested by the rather dramatic improvement of the control group in the Payne & Gralinski study. From these results, as well as from the work of Claus (1968), it was hypothesized that control group improvement might be attributable to the initial audio modeling of empathic counselor behaviors and the commentary which they received. Thus, in the present study, control and placebo conditions were offered with, as well as without this initial orientation. By way of summary, the six treatment groups were as follows: techniques, counseling, placebo-modeling, placebo-no modeling, control-modeling, and control-no modeling (c.f. Table 1).

Method

Subjects

Supervisors were one senior staff member at the University of Cincinnati (male), one fourth-year graduate student in counseling psychology (male) and one third-year graduate student in clinical psychology (female). Ss were 54 male and 54 female undergraduates in Introductory Psychology whose participation met their research requirement for the course.

Procedure

Ss were divided into six groups of 18 each--four experimental, and two control. Four of the groups (techniques, counseling, one placebo group and one control group were initially given a 30-minute group orientation (audio modeling with cues) on the meaning of empathy. In this recorded orientation, empathy was described and examples from two interviews, one high and one low in counselor empathy, were presented. On the tape a commentator provided cues by pointing out the differences in the performances of the two counselors, and the interview segments were then repeated. In order to control for set, counselors not receiving the above orientation (one placebo group and one control group) heard the introductory section of the above tape on which empathy was briefly defined and its importance in counseling was stressed. However, no interview examples were included.

Following the modeling or non-modeling conditions described above, each S in the experimental groups was assigned a supervisor and training sessions were held. These sessions were held in the regular offices of the Counseling Service. The first tape of an experimental interview consisting of a recorded series of six client statements was then played. Thirty-second pauses followed each client statement during which each S responded on his dictation equipment as if he were counseling the client. After the first and again after the second tape of client statements, each S in the experimental groups was given a 15 minute supervision interview. The supervisory methods were either: (a) supervision--counseling type, (b) supervision--techniques type, or (c) supervision--placebo type. Each supervisor had three male and three female supervisees in each of the four experimental groups. Since there was a placebo-modeling as well as a placebo-no modeling experimental group, supervisors had a double number of supervisees in the placebo type of supervision.

Control Ss followed the same procedures except that no supervisors were present during their performance and they proceded directly through the three tapes of client statements with only brief pauses between tapes one and two and tapes two and three. A summary of the above treatment steps is given in Table 1

Insert Table 1 about here

Empathy Scale

A 7-point rating scale based upon Truax (1961) and Barrett-Lennard (1962) was utilized for the making of all ratings of empathy.

On this scale empathy was defined as,"the tendency of a person to perceive another's feelings, thoughts, and behavior as similar to his own. When another has empathy toward you, he understands exactly how you feel and what you mean. At a low level of empathy the person indicates he is not interested or is interested but unable to be aware of your feelings. At a high level of empathy the message 'I am with you" is clear. The person's remarks fit in just right with what you are feeling at the moment."

In making ratings of S responses to the three sets of client statements, independent judges estimated how they thought they would feel if they were the clients and were rating the counselor on the level of empathy they thought they would feel from him.

Experimental Interview

In the experimental interview a recording was made in which the senior author role played a college student discussing a variety of typical problems--problems with grades, dating, room-mate, parents, professors, loneliness, etc. Two of the sets of statements were, with slight modifications, the same as those utilized in the Payne & Gralinski (1968) study. A third set was developed especially for the present study. These three sets were randomized in the form of a latin square with each of the three orders being given an equal number of times to each sex in each treatment group.

Supervisory Conditions

Under supervision--counseling type, supervision was patterned after a nondirective counseling relationship. Of primary importance was the establishment of an empathic relationship with the supervisee. In this way it was hoped that the supervisor would provide an effective model of empathic behavior. Supervisors focused on the S's frame of reference and responded to his feelings about the experimental task, his reactions toward the "client", "counselor" assessment of his own performance, etc. However, supervisors avoided any negative evaluation of supervisee performance and the giving of any direct suggestions for improvement.

Under supervision--techniques type, supervisors again worked for a positive interpersonal relationship. However, in this supervisory condition, the effectiveness in offering empathy and a discussion of his techniques in counseling were introduced. Supervisors further gave specific examples of responses which would have been more empathic than the ones given by the S.

Under supervision--placebo type, supervisors attempted to offer warmth and interest in the supervisee but did not model empathy by responding to S's feelings, did not express approval or disapproval of his performance, and made no suggestions for improvement. Supervisors rather, gave brief descriptions of the psychodynamics of the "client".

Scoring of Empathy

Following the collection of data, each set of six S responses were randomized and rated directly from the tape by two independent judges utilizing the 7-point empathy scale. Each set of six

counselor statements was given a single rating by each judge, and the two judges' ratings were averaged for each counselor. Because of randomization procedures for the sequence in which the Ss responded to the stimulus tapes one, two, or three, judges had no way of knowing which trial of a given S was being rated. Thus each counselor in the study had three ratings, one for each set of six client statements to which he responded. The average interjudge agreement on a 25% sample of counselor responses to each of the three stimulus tapes was r = .88.

Results

Average empathy scores for each treatment group by trials are shown in Figure 1. It will be seen that appreciable differ-

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Insert Figure 1 about here

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ences in initial scores as well as in subsequent trials are indicated among the various groups. A two-way analysis of variance for repeated measures (Table 2) indicated that the main effects from both treatments and trials were significant beyond the .01

Insert Table 2 about here

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level. Because the treatments by trials interaction ($p < .01$) showed that learning curves across trials were not the same for different treatment groups, a separate analysis for each treatment group across trials was then performed (analysis of simple main effects, Winer, 1962). Significant changes across trials were found for the techniques ($F = 19.62$; $p < .01$) and for the control

modeling groups ($F = 8.11$; $p < .01$). As may be seen from Figure 1, these changes are in the direction of increased empathy. Thus, the techniques and control-modeling groups show improvement with experience, while no significant improvement is noted for the other groups.

For the testing of the significance of differences among treatment groups by the end of the experimental period, an analysis of variance and Neuman-Keuls procedure for multiple comparisons were made on treatment scores for trial III. Since all four types of supervisory conditions were offered only under the presupervision condition of audio modeling, and since it was desired to make comparisons with the effects of such pretraining held constant, comparisons were considered meaningful for these groups only--techniques, counseling, control-modeling, and placebo-modeling. Using the .05 level for the comparisons, techniques were significantly higher than placebo-modeling and counseling. Control-modeling was significantly higher than counseling. The difference between techniques and control-modeling was not significant. Hence, techniques and control-modeling groups improve not only relative to their initial performance across trials, but also are significantly higher than the group receiving the more widely advocated counseling oriented supervision.

In order to test for the initial effects of audio modeling, an analysis of variance for trial one (before any supervision had been given) was conducted ($F = 4.43$; $p < .01$) and an orthogonal comparison was made between the four groups receiving the audio modeling and the two groups which did not (Edwards, 1960). Results

indicated that the groups receiving modeling were significantly higher ($F = 13.12$; $p < .01$) than those without it. A measure of the residual effects of the initial audio modeling beyond the first trial was provided in the control-modeling group, referred to above, which did not receive any supervision. The significant improvement made by this group supports the assumption that modeling not only influences the initial performance by counselors, but also creates a potential for future additional improvement which is evidenced in subsequent trials.

Discussion

Within the limits of a rather brief training analogue, these results give additional support to the conclusions of Payne & Gralinski (1968) concerning the superiority of a techniques orientation to the more widely advocated counseling type of supervision on the criterion of empathy.

Although an initial impression might be that "feedback" involved in the techniques supervision was superior to the "modeling" approach of the counseling type, this would over-simplify the comparison. Both types can be thought of as involving modeling. In the techniques supervision, the supervisor models specific examples of high empathy responses to "client" statements within a context very close in time and task similarity to that which is required of the S. In the counseling supervision, on the other hand, the supervisor models empathic responses to S statements rather than to those of the "client". It is probably less clear

in the latter case that the supervisor is trying to function as a model and a greater degree of transfer is needed to move from a realization of "here's how the supervisor is responding to me" to "here's how I should be responding to the 'client'." In addition, response acquisition in the techniques group is apparently facilitated by the selective reinforcement of S responses and by the training in cue discrimination given when the supervisor contrasts his own examples to those given by the S.

Although the techniques group showed the greatest degree of improvement, it was not significantly higher than the control group receiving the audio modeling alone. In as much as the techniques group received the additional modeling, selective feedback, and training in cue discrimination previously noted, it is somewhat surprising that the difference was so small. It may be that the S who has heard the audio model already has close to the maximal amount of information that he can process at this stage of training. It may also be, as Fosmire and Palmer (1964) suggest, that face to face supervision to some extent interferes with early skill acquisition.

Although any type of live supervision may involve some interference, the evidence for the interference hypothesis seems especially strong in the case of the counseling type of supervision. Unlike the control-modeling group, those receiving the counseling supervision following the initial audio modeling, failed to show any improvement. Two possibilities might be considered. It has been shown by Delaney & Moore (1966) and

Gysbers & Johnston (1965) that beginning counselors expect evaluation and suggestions, and their absence may have been disruptive. A second possibility was raised by the occasional observation of supervisors that the counseling type supervision seemed to lower S inhibitions. In these cases, if the S tended to have rejecting feelings toward the "client", he was more likely to express them in subsequent trials. Thus, supervisor empathy may have the effect of raising congruence rather than empathy.

The appreciable training effects produced by the audio modeling supports the possibility of programmed supervision. Indeed, the control-modeling Ss may be thought of as such a programmed group. Although some initial efforts at programmed training in empathic ability were unsuccessful (Baldwin & Lee, 1964) and this type of research was judged to be unpromising by Carkhuff (1966), the present results as well as other recent studies (Claus, 1968; Eisenberg, 1969; Langer, 1969) would seem to justify more extended training efforts in such programmed supervision.

These results showed no evidence of a placebo effect in empathy training. Thus, the presence of a cordial person cast in the role of a "supervisor" did not significantly influence performance. In fact, supervisors were rather surprised at the lack of reaction which Ss showed to the placebo treatments. No supervisor recalled a time when a S comment followed the interpretative form of the placebo supervision. It was as if the whole

supervision had been bracketed by the Ss, who proceded after training as if nothing relevant had happened.

In terms of practical applications, the brevity of the training makes it relatively safer to generalize these results to the initial stages of training or to pre-practicum work. However, for the early stages of training at least, these results support the use of recorded models and a supervisor style which deals specifically with techniques as effective means of improving empathic skills. Presumably, other counselor skills could also be improved through these procedures.

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Table 1

Summary of Treatment Steps

Treatment Group	Audio Modeling with cues (30 Min.)	Trial I (10 Min.)	First Supervision Session (15 Min.)	Trial 2 (10 Min.)	Second Supervision Session (15 min.)	Trial 3 (10 Min.)
Techniques	X	X	X	X	X	X
Counseling	X	X	X	X	X	X
Placebo-Modeling	X	X	X	X	X	X
Placebo-No Modeling	0	X	X	X	X	X
Control-Modeling	X	X	0	X	0	X
Control-No Modeling	0	X	0	X	0	X

X = condition administered

0 = condition not administered

Table 2

Analysis of Variance for Treatments by Trials on the Criterion of Empathy

N = 108

Source of Variation	Sums of Squares	df	Mean Square	F
Treatments	33.00	5	6.600	9.98*
Error (a)	67.36	102	.660	
Trials	1.49	2	.745	11.29*
Treatments X Trials	2.92	10	.292	4.42*
Error (b)	13.48	204	.066	
Total	118.25	323		

* $p < .01$

Figure 1

Average Empathy Scores by Trials